FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

JUL 252000

Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number 3235-0076
Expires: May 31, 2008
Estimated average burden
hours per response 16.00

SE	C USE ON	LY
Prefix		Serial
DA	TE RECEIV	ED

	dment and name has changed, and indicate change.)	-	
\$75,000,000 of units of limited liability comp	pany interest and \$50,000,000 of Promissory Note	5	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 50	6 Section 4(6	S) ULOE
Type of Filing: New Filing Ame	endment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the iss	suer	<u>.</u>	
Name of Issuer (check if this is an amen	ndment and name has changed, and indicate change.)		
Hotel Group Opportunity Fund IV, LLC			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Numb	
One Ten James Street, Suite 102, Edmonds,	WA 98020	425-771-1788	! [40] Exist (0] Brisk bills Elfa bill flail bris (0)
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Numb	
One Ten James Street, Suite 102, Edmonds,	WA 98020 PDOCE	C25 771-1788	
Brief Description of Business	IKOCL	JULD	08056640
To purchase under-performing full-service	hotels. JUL 29	2008	
Type of Business Organization	TIOLIOON	DEL GERA	
corporation	☐ limited partnership, already for HOMSON	REUTER other (plea	se specify):
business trust	limited partnership, to be formed	Limited Liabi	ility Company
	Month Year	_	
Actual or Estimated Date of Incorporation or Or	rganization: 0 4 0 8	Actual	Estimated ·
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service Abbreviation	for State:	E
	CN for Canada; FN for other foreign jurisdiction)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1. 不知识 过头地理解除 摆心机	智力(の)の対象を	A. BASIC IDE	NTIFICATION DATA	*	:
2. Enter the information req	uested for the fol	lowing:			
Each promoter of th	e issuer, if the is	suer has been organized wi	ithin the past five years;		
 Each beneficial ov securities of the issu 		power to vote or dispos	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
Each executive office	cer and director o	of corporate issuers and of	corporate general and mana	iging partners of r	partnership issuers; and
 Each general and m 	anaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, THG Capital, LLC	if individual)				
Business or Residence Addr One Ten James Street, Su		=	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Of Managing Me	☑ Director mber	General and/or Managing Partner
Full Name (Last name first, <i>Lee, Edmond</i>	if individual)				
Business or Residence Addr One Ten James Street, Su			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Vinton Street Partners, In					
Business or Residence Addr 909 5th Avenue, Suite 200	•		de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
	(Lise bla	nk cheet or convenduce a	additional copies of this she	et as necessary)	

47 🙀	alterialist i	电影机工士	at a roger	ту В. І	NFORMAT	TION ABO	UT OFFER	RING		٠	4, 5	٠.
											Yes	No
1. Has th	ie issuer sold							ering?		•••••	······ 🛛	
					Column 2, if							
2. What	is the minim	um investm	ent that will	be accepted	from any ir	ndividual?	**********		•••••	•••••	<u>\$</u>	100,000
											Yes	No
	the offering (-	-									
simila associ dealer	the informat r remunerati ated person of The If more that at broker or of	on for solici or agent of a an five (5) p	tation of pur broker or d	rchasers in o ealer registe	connection wered with the	vith sales of SEC and/o	securities in r with a stat	the offering e or states, li	g. If a perso ist the name	n to be listed of the broke	disan eror	
Full Name	e (Last name	first, if indi	ividual)									
Business	or Residence	Address (N	lumber and	Street, City,	State, Zip C	Code)						<u></u>
Name of A	Associated B	roker or De	aler									
States in V	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers						
	All States" or											l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Business	or Residence	Address (N	Jumber and	Street, City,	State, Zip C	Code)						
Name of A	Associated B	roker or De	aler	-								
States in V	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers						
	All States" or									•••••	□Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PR]
	e (Last name				L = -1	<u> </u>		<u> </u>				
								•				
Business	or Residence	Address (N	lumber and	Street, City,	State, Zip C	Code)						
Name of A	Associated B	roker or De	aler									
	Which Person				Solicit Purch	hasers						.
•	All States" of			•	ICO1		[DE1	וואכיו	רבו ז	[GA]		l States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[נאן] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[он] [wv]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aiready Aggregate Offering Price Sold Type of Security Debt 50,000,000 200,000 \$ \$ Equity \$ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests \$ \$ Other (Specify Limited Liability Company Units 75,000,000 \$ 1,950,000 125,000,000 2,150,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors 2,150,000 Non-accredited Investors 0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 Regulation A \$ Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Ø Printing and Engraving Costs 10,000 Legal Fees Ø \$ 100,000 Accounting Fees 70,000 \$ Engineering Fees Sales Commissions (specify finders' fees separately) \boxtimes \$ Other Expenses (identify) Finder's Fees 3,250,000 冈 3,430,000 Total

COFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the Issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments To Others Affiliates Salaries and fees		Company of the compan	Bur (Orthern Spionskip dum	(1)(1)	Skin	versor is	(QC	tanj	142 2 2 2 2 2 2
used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Affiliates		Question I and total expenses furnished in response	to Part C - Question 4.a. This di	iffere	nce			\$ <i>1</i>	21,570,000
Salaries and fees	5.	used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set if	for any purpose is not known, te. The total of the payments !	furnis isted	sh an must				
Salaries and fees) Dia	officers, rectors, &		P	•
Purchase of real estate		Calarias and Casa				Affiliates	_		Others
Purchase, rental or leasing and installation of machinery and equipment								_	
Construction or leasing of plant buildings and facilities \$\ \$\sum_{\text{\$\tex{							=		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			• •				_	_	
this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness Working capital Other (specify): Other (specify): Other acquisition-related expenses Column Totals Total Payments Listed (column totals added) Total Payments Listed (column totals added) The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Name of Signer (Print or Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,		• •		U	2	_ 	K	2	38,510,000
Repayment of indebtedness Working capital Other (specify): Other acquisition-related expenses Column Totals Total Payments Listed (column totals added) Total Payments Listed (column totals added) The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Name of Signer (Print or Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,		this offering that may be used in exchange for	the assets or securities of	_	•		П		
Working capital Other (specify): Other acquisition-related expenses Column Totals Total Payments Listed (column totals added) Total Payments Listed (column totals added) The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Name of Signer (Print or Type) Randy Meyer Title of Signer (Print of Type) Member and Chief Financial Officer of THG Capital, LLC,		· ·		ב				_	_
Other (specify): Other acquisition-related expenses Column Totals Total Payments Listed (column totals added) Total Payments Listed (column totals added) The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Signature Fittle of Signet (Print of Type) Member and Chief Financial Officer of THG Capital, LLC,		• •							5 000 000
Total Payments Listed (column totals added) Statistical		.			<u>-</u>				3,000,000
Total Payments Listed (column totals added) S 121.570.000 The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Signature Signature Title of Signet (Print of Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,		Other acquisition-related expenses	***************************************	\boxtimes	<u>s</u>	550,000	X	S	2,000,000
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Name of Signer (Print or Type) Title of Signer (Print of Type) Randy Meyer Memour and Chief Financial Officer of THG Capital, LLC,		Column Totals	***************************************	X	\$	550,000	X	\$ 1	21,020,000
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the follow signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Signature July 23, 2008 Name of Signer (Print or Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,		Total Payments Listed (column totals added) .				⊠ <u>s</u>	12.	1,570	<u>0,000</u>
signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Hotel Group Opportunity Fund IV, LLC Signature Signature July 23, 2008 Title of Signet (Print of Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,			SDM and arang arena anima.						
Hotel Group Opportunity Fund IV, LLC Name of Signer (Print or Type) Randy Meyer Title of Signer (Print or Type) Member and Chief Financial Officer of THG Capital, LLC,	sign	nature constitutes an undertaking by the issuer to furn	ish to the U.S. Securities and E	xcha	nge Ce	ommission, i			
Name of Signer (Print or Type) Title of Signer (Print of Type) Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,			Signature		$\overline{\ }$			- 1	_
Randy Meyer Member and Chief Financial Officer of THG Capital, LLC,	Ho	tel Group Opportunity Fund IV, LLC)				July <u>23</u> , 2008
	Na	ne of Signer (Print or Type)	Title of Signer (Print of Type)			-			
the naming mg member of the issuer	Ra	ndy Meyer	1			-	IG (Capi	tal, LLC,
	_								
								-	•
						,			•



Constitute federal criminal violations. (See 18 U.S.C. 1001.)

Intentional misstatements or omissions of fact